

Resilience Levels Among College Students: A Comparative Study from Two Southern States in the USA

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Abstract: During young adulthood, individuals transitioning to adulthood experience unique challenges that require appropriate adaptation to survive and maintain optimum functioning. Such challenges can include dealing with identity development, financial pressures, emotions, and additional increased stress. Knowing how young adults successfully transition this stage while overcoming adversity is critical. A dearth of such information in literature suggests a need for in-depth research on ways in which young adults can grow and cope successfully. The goal of the current research study is to examine how young adults utilize their resources and examine factors that enhance their level of resilience as opposed to those that hinder. Data were analyzed to determine any significant differences between young adults' emotional well-being and their levels of resilience in the states of Alabama and Tennessee. Resources (individual, caregiver, and contextual) were explored to examine young adults' resilience. It was found that there was a relationship between gender and resilience levels. Overall, the findings suggested that young adults in Alabama and Tennessee were highly resilient and have individual, caregiver, and contextual components that support their lives.

Keywords: adversity, protective factors, resources, young adulthood, well-being

Date of Submission: 24-12-2017

Date of acceptance: 09-01-2018

I. INTRODUCTION

At some point in life, every person is exposed to a negative circumstance or event that is unfavorable. McAndrew, Markowitz, Lu, Borders, Rothman, and Quigley (2017) and Manning (2014) noted that the majority of individuals are faced with some form of adversity or one or more traumatic or highly stressful events in their lifetime that results in hardship, stress, or trauma. Although in some cases, these challenges are unexpected and unavoidable, a key factor in overcoming adversity is the ability to cope effectively. Coping is a dominant factor in managing and modifying a problem, adapting to change, and regulating emotional response when faced with demands (Mayordomo, Viguier, Sales, Satorres, & Melendez, 2016). Mayordomo et al. (2016) suggested that the process of coping is a building block for young adults' personalities and, furthermore, is fundamental to social-emotional functioning and development. Active coping is unique for everyone in that individuals handle stress differently; however, the ultimate goal of coping for everyone is resilience. Individuals reach this goal by minimizing, accepting, tolerating, and overcoming the adverse situation (Mayordomo et al., 2016). Worldwide, resilience is a familiar term; although the definition may vary around the world, there are always two aspects that are congruent universally. First, to be resilient, one must have discipline and balance when exposed to difficulty and, secondly, must be able to adjust positively in the face of adversity. The term resilience originally comes from the Latin word *resiliens* which refers to the pliant or elastic quality of a substance (Joseph, 1994). The term resilience requires an individual to be resourceful, have a sense of sturdiness of character, to be flexible in response to environmental circumstances, and to be able to adapt positively (Luthar, Crossman, & Small, 2015; Newland, 2014). There are a great need and significance for having a clear understanding of resilience: what exactly contributes to it, what strengthens it, and what diminishes it. The challenges faced during times of adversity can change an individual's course of life and sometimes have the power to define the person. Everyone behaves differently in response to difficulty. Such behaviors are often due to variations in the way that the individual expresses stress and hardship. A situation that is stressful to one individual may not be considered as stressful to another. The ability to cope depends on the degree of stress, experience, and lastly, the amount of support and helpfulness that the individual receives from his or her environment.

Resilience is shaped by difficult events that are sometimes unexpected and as a result, alters the life of the individual (Abbema, Bielderma, Greef, Hobbelen, Krijnen, & Schans, 2015). For example, a life-changing event may consist of the death of a close friend or family member, a serious illness, loss of a job, or other traumatic occurrences. Each of these life-changing events can cause an individual to be overwhelmed with strong and stressful emotions that require coping and sometimes therapy to prevent depression (McAndrew et al, 2017). Given the same situation, other individuals tend to cope differently; some recover and bounce back much faster and more effectively than others (Lee, Seo, Lee, Park, Lee, & Lee, 2017). This raises the question of how is that possible. Two individuals may experience the same situation, and consequently, one individual throws in the towel and gives up as opposed to the other individual who persists and prevails. The difference between the two individuals has much to do with learning to manage stressful times, the individual's ability to cope, and how the individual utilizes his or her resources present in their family and community (Cagney, Sterret, Benz, & Tompson, 2016; Dekel, 2017; Lee et al., 2017). Resilience is not innate; it is an ongoing process that is learned over time (Weststrate & Gluck, 2017). During the process of rebounding, individuals evolve gradually and learn to protect themselves and thus can move forward with their lives (Pushnik, & Harfield, 2016). It is possible to endure pain and still proceed to function at optimum levels (Dekel, 2017). Having the ability to continue functioning at an optimum level after enduring stressful experiences is an essential tool for enhanced outcome and well-being (Tugade & Fredrickson, 2011).

1.1 Significance of Young Adulthood

While the journey into adulthood and transitional stressors may be challenging, resilience can mediate and provide protection. Corathers, Kichler, Fino, Lang, Lawrence, Raymond, Yi-Frazier, Dabelea, Liese, Saydah, Seid, and Dolan (2017) defined emerging adulthood and young adult years (18-26) as developmental stages in which individuals explore a variety of challenges regarding education, emotions, and financial opportunities. It can be difficult to overcome such challenges without sufficient knowledge and preparation on handling, adapting, and overcoming adversity that comes with emergent adulthood. It is important to examine the lives of young adults to know how they handle adversity. Young adults have not reached an age as to where they should expect adverse events to occur as compared to mid and late adulthood. It is common that during mid-adulthood and late adulthood stages, major life challenges and adversities are almost expected to happen at some point. A few examples can include loss of a parent, loss of a job, loss of a spouse, illness, accident, household/community violence, or any other traumatic events. Life challenges are not as surprising once an individual has reached old age compared to young adulthood (Randall, 2013). It is a fact that with age, individuals become more accepting of life's challenges (Weststrate & Gluck, 2017). With age and experience, individuals become wiser over time and are more capable of handling most of what life brings with it (Randall, 2013; Weststrate & Gluck, 2017). Weststrate and Gluck (2017) noted that wisdom is a hallmark of optimal human development. When individuals are more prepared for hardship, it becomes easier to respond and results in lower stress.

Adults in their later stages are more prepared to face adverse events that have not yet occurred as compared to the younger generation that is just entering adulthood and is not fully aware of the realities of life. Resilience is a significant determinant regarding an individual's survival and success in life (Goodkind, Hess, Gorman, & Parker, 2012). Life challenges that the individual experiences may positively or negatively influence the individual's character, mindset, actions, and thereby consequences. It is through experience that the individual is shaped for better or for worse outcomes. Some events, being more traumatic than others, can play a major role in how resilient the individual can be even after the adversity/calamity. When studying young adults, it is important to explore past occurrences and how those situations have shaped them to become who they are and who they might be in the future. It is important to analyze how individuals handle challenges and why individuals either give up or fight through unexpected adversity (Lee et al., 2017). It is critical to examine the art of resilience and how resilience patterns develop and can be learned over time to enhance individuals' abilities in facing current or future challenges. Resilience, risk factors, as well as protective factors are terms that researchers have used to collectively determine answers for how individuals react or respond when faced with adversity. These aspects of human development are worth examining as they greatly impact the functioning of individuals (Abbema, Bielderma, Greef, Hobbelen, Krijnen, & Schans, 2015; Lee et al., 2017). Additionally, the topic of resilience, especially among this age group and modern age, has not been fully investigated and calls for a deeper examination.

1.2 Problem Statement

With minimal literature currently addressing the concept of resilience focusing on young adults, this present study will examine resilience and determine the factors that enhance or hinder their level of resilience. This research is critical for the young adult population; it is essential that during a time of increasing life changes which bring turmoil and stress economically, socially, and personally, attention is given to the constructing of resilience and living optimally (Martin et al., 2015). Young adults can often experience non-normative changes such as declines in health and functioning, decreased mobility, diagnosis of illness, the death of a spouse or a friend, loss of social status, and social ageism (Martin et al., 2015). However, whenever such adverse situations occur during this stage, it can result in extreme stress. Besides these, processes such as identity formation, sexuality, crime, and violence often occur at the young adult stage and, if not prepared, can also cause undue stress and shock.

In Tennessee and Alabama, there is a difference between the income tax of both states with Alabama having an income tax at 5.0% and Tennessee at 0 (Tax-brackets.org, 2017). However, Tennessee is at a 6.0% rate of tax on income from interest and dividends. Additionally, according to Haaga (2014), 19.3% of the Alabama population was college graduates as compared to 17% of the Tennessee population. Given the status of young adults living in the states of Alabama and Tennessee, a few similarities and differences can be found that are worth noting. There is a difference between the states economically and educationally. Contextual factors according to the Adult Resilience Measure survey are contributing factors to resilience (Ungar & Liebenberg, 2011). Because Tennessee and Alabama differ in this regard, the researcher felt the need to compare the two states on the resilience levels of young adults living in Alabama.

The current research will examine how young adults bolster a culturally and contextually relevant measure of resilience based on young adult's available resources at individual, familial, and societal levels. Resilience is formed through the adaptability of the individual, their family and peers, and the broader environment in which they live. It is unlikely that young adults are prepared for traumatic events or adversity. For this reason, the researcher chooses to study this age group that comprises individuals who are going through an exigent and challenging developmental juncture requiring preparation and resilience to survive and succeed. By examining a specific population (young adults), this study contributes meaningfully to the construct of resilience and provides a deeper understanding that guides the development of interventions for use with young adults who are at risk of adversity and failure. There is a gap in the past literature on this topic; therefore, research on this subject will contribute greatly to enhancing our understandings of young adulthood.

The objectives of the study were to 1) examine the levels of resilience among students in Alabama and Tennessee; 2) examine the comparison of male and female resilience levels; and 3) examine the specific individual, caregiver, and context factors contributing to resilience levels among students residing in Alabama and Tennessee.

1.3 Hypotheses

Hypothesis 1. There will be no significant difference in the level of resilience among young adults from Alabama and Tennessee.

Hypothesis 2. There will be no significant difference in resilience levels among male and female young adults in Alabama.

Hypothesis 3. There will be no significant difference in resilience levels between male and female young adults in Tennessee.

Hypothesis 4. There will be no significant difference in the "Individual subscale" on the resilience measure among young adults from Alabama and Tennessee.

Hypothesis 5. There will be no significant difference in the "Caregiving subscale" on the resilience measure between young adults from Alabama and Tennessee.

Hypothesis 6. There will be no significant difference in the "Context subscale" on the resilience measure between young adults from Alabama and Tennessee.

II. LITERATURE REVIEW

The growing body of literature suggests that different responses of adversity range between various intensities of shock and change (Bene, Newsham, Davies, Ulrichs, & Godfrey-Wood, 2014). The lower the intensity of the shock, the more likely the system will be able to handle it effectively. However, when adversity

exceeds the absorptive capacity, the individual utilizes their adaptive resilience. Individuals do this by doing what they need to do in order to function at an optimal level. Adaptive resilience takes place at multiple levels such as household, community, and furthermore, can be individual or collective. The adaptation that occurs at one level can affect adaptation on another level. Additionally, when adversity overwhelms the adaptive capacity, there will be a dire need for transformation, which results in shifts within the system (Bene et al., 2014).

2.1 Theoretical Framework

There are a few theoretical approaches that assist in understanding resilience, and factors in which contribute to one's resilience level, for example, the attachment theory, the ecological systems theory, and the family stress theory. Each of these theories is a useful tool for describing and predicting how individuals react and respond to different occurrences. These theories serve as a general framework in resilience literature and can be utilized to further examine the human development, resilience level, coping strategies, adjustment, and adaptation.

2.1.1 Attachment Theory

According to the attachment theory, the parent-child relationship and caregiver support are fundamental to social and emotional wellbeing throughout childhood (Lester & Flake, 2013; Moreira & Canavarro, 2015). From the earliest interactions with a parent, children develop their capacity for behavioral and emotional self-regulation, which is the foundation to their resilience (Lester & Flake, 2013). Infants form an emotional tie to the caregiver which promotes expectations for about parental comfort and support that are necessary for survival. The attachment theory suggests that at an early age, feelings of affection and security that result from attachment with caregivers contribute to psychological development (Lester & Flake, 2013). Children who show attachment to caregivers have higher levels of self-esteem, social competence, and empathy. Also, when they grow older and enter the young adult stage, individuals who have relationships with caregivers have more stable relationships with partners and do better academically as compared to those who do not have a relationship with the caregiver. Research suggested that different parenting styles are associated with different types of attachment from the child (Moreira & Canavarro, 2015). For example, the authoritative parent is associated with a securely attached child. Also, the authoritarian child is associated with insecure-avoidant attachment. Next, the permissive parenting style is associated with an insecure-resistant attachment from the child. Lastly, the uninvolved parenting style is associated with insecure-disorganized (Moreira & Canavarro, 2015).

2.1.2 Ecological Systems Theory

Bronfenbrenner's Ecological Systems theory suggested that there are factors (proximal and distant) within the environment that predict human development under adversity. Bronfenbrenner proposed that development be a result of complex interactions between the individual and various systematic factors, each of which influencing the other (Kamenopoulou, 2016). In the ecological systems theoretical model, there are five levels of external influence. The levels are categorized from the most intimate level to the broadest level: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Firstly, the microsystem represents the immediate environment; this may include family, school, and peers. Being that the microsystem is the most intimate environment, the individual's behavior will vary depending on the environment (Smith & Hamon, 2012). Next, the mesosystem which represents the links that exist between two or more microsystems. The mesosystem, for example, can consist of the linkage between home and school. Like the microsystem, the mesosystem affects the child's development and behavior too. Further, the exosystem represents the settings not experienced directly by the child. Although the child is not exposed to the exosystem directly, the exosystem can still impact the child's development. Following is the macrosystem, which represents the cultural environment and includes customs, attitudes, ideologies, values, and other social influences (Smith & Hamon, 2012). Lastly, there is the chronosystem which represents the changes that occur overtime in the environments. Throughout the context of the ecological systems theory, Bronfenbrenner's Theory emphasizes the importance of multiple environments in an attempt to understand individual development and resilience (Smith & Hamon, 2012). Humans are a product of their environment. An individual's resilience level is dependent on environmental factors, especially the interactions within the environment (ecology). The environment has the power to influence and enhance possibilities for individuals as well as families. The environment also can hinder and constrain individuals.

2.1.3 Family Stress Theory

Resilience emerged from studies of stress and coping (Beckett, 2000). The family stress theory helps to explain why some family systems adapt and maintain functioning when faced with situational stressors, while other family units deteriorate and give up (Beckett, 2000; Smith & Hamon, 2012). Smith and Hamon (2012) noted that families go through four stages when faced with a stressful or adverse situation. The four stages consist of crisis, disorganization, recovery, and reorganization. The process is as follows: once the family is faced with a crisis or difficult situation to overcome, a period of disorganization occurs as family members attempt to cope with the situation. In the process of trying to figure out how to deal with the situation, they enter the stage of recovery or normal state of functioning which in some cases can be short- or long-term. Also, Beckett (2000) suggested that families develop capabilities to enhance the development of individual members of the family unit. Those capabilities and strengths that are developed through the family system serve as protective factors for the family unit, especially in times of hardship, transition, and change (Beckett, 2000). Families eventually reach a level of organization, and for some families, it will be the previous level of organization. However, for others, it will sometimes be better and in other occurrences worse.

Reuben Hill's Roller-Coaster (ABC-X) Model can further assist in explaining how families reach a level of organization. Component A is considered to be the stressor of the event; B is the family resources or strengths; C is the family's perception of the event; and component X is a crisis if the family cannot determine how to cope or solve the problem (Smith & Hamon, 2012). When families endure a stressful situation, the family must decide how to deal with it. A beneficial way of dealing with a stressor is utilizing available and accessible resources (individual, family, and community). The more resources that the individual or family has available to them, the more effective they can cope and the better off they will be. Furthermore, the way in which individuals perceive the situation is important in understanding how the individual will react to the stressor (Smith & Hamon, 2012). Those individuals who are more optimistic about stressors and see them as conquerable challenges will respond differently than those who perceive the stressor as a crisis. When an individual is in the perception stage, it is important and critical that they not become overwhelmed with the stressor as a whole but instead break the stressor down into manageable tasks (Smith & Hamon, 2012). By doing this, the individual can shift their emotions from negative to positive, thus striving to maintain their normal functioning instead of allowing the stressor to overcome them. If the family is not able to utilize their resources, shift their focus, and regain balance and functioning, then the family is often subject to the crisis X component (Smith & Hamon, 2012).

2.2 Resilience among Young Adults

Resilience studies in the past literature have found that individuals have different vulnerabilities and protective systems at different times throughout their development. For example, infants are highly vulnerable because of their dependence on caregivers and those within their microsystem (Wright, Masten, & Narayan, 2013). However, infants are comparatively more protected from experiencing adversity because they lack the cognitive ability to understand what is occurring around them. As the child matures, the social environment (school and neighborhood) influences his/her exposure to traumatic situations. As the child ages, he/she is more capable of personally coping and dealing with issues in their life. Similarly, their freedom and lack of protection of their caregivers can also contribute to their exposure to traumatic events (Wright et al., 2013). Adolescents and young adults, however, are more vulnerable to a different type of loss such as loss of family or friends. Unlike children, adolescents and young adults have the cognitive ability to understand what the losses mean for their present and future times.

Cheak-Zamora, Teti, and First (2014) and Napolitano (2015) suggested that the transition into adulthood is a natural process; it is a critical period of the life course involving several factors. This transition occurs between the ages of 18 and 25 and is a time when cognitive and social reorganization must come together to contribute to overall development (Cheak-Zamora et al., 2014; Madewell & Ponce-Garcia, 2016). This transition is considered to be one of the first major changes that a person faces in life. It involves a process of taking a youth away from parental support and navigating him/her to taking necessary steps towards greater autonomy (Kwan, Bedard, King-Dowling, Wellman, & Cairney, 2016). Challenges during this time include changing environments and responsibilities, learning an independent living style and skills needed for self-advocacy, and locating resources needed to transition to self-reliance. Additionally, at this stage, there are challenging expectations from parents, educators, employers, and peers to transition smoothly and accept responsibility for one's self (Glenn, 2014; Madewell & Ponce-Garcia, 2016).

Alongside the challenges, Napolitano (2015) stated that the transition to adulthood is also made up of several role/status changes which include the domain of education, work, romantic relationships, and family formation. The transition into adulthood is sequential and dependent on timing and stages (Beal, Crockett, & Peugh, 2016). During this time, it is expected that young adults show interest and have relations with one or more romantic partners, experience childbearing, and consider marrying (Trainor, Morningstar, Murray, & Kim, 2012). However, for young adults to successfully navigate and transition to expectations of adulthood and towards their goals and aspirations, there is a need for support and resources. These contributing factors are called protective factors (Madewell & Ponce-Garcia, 2016; Trainor et al., 2012) which will be elaborated in the upcoming section.

2.3 Contributing Factors of Resilience

The major contributing factors that influence resilience can be grouped as protective factors and risk factors. The various factors that influence resilience level are further distinguished by sex differences, family variations, parental support, cultural practices, and spiritual beliefs. These are further elaborated in this section.

2.3.1 Protective Factors

Resilience researchers have examined the emerging adulthood stage to determine what factors may account for variability in the outcome (Madewell & Ponce-Garcia, 2016). There are contextual variables that promote or hinder the process of resilience. These variables are referred to as protective and risk factors (Youth.gov, 2015). A protective factor can be defined as a characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes (Newland, 2014; Youth.gov, 2015). Protective factors are the impactful resources promoting resilience (Youth.gov, 2015). Ultimately, these factors are the extra boost of hope that individuals need to persist during situations that are not suitable to handle alone. Vieselmeyer, Holguin, and Mezulis (2017) noted that how an individual will respond when faced with adversity is not easy to predict; however, there are enduring traits that individuals possess that are possible predictors of their level of resilience. For example, individuals who have high resilience levels often engage in adaptive cognitive and emotional processes as well as tend to be more hopeful, creative, and have greater self-efficacy when coping with trauma (Vieselmeyer et al., 2017). These researchers further stated that individuals who have higher resilience levels experience fewer symptoms of anxiety, depression, and readjustment difficulties compared to individuals with lower resilience levels and/or who reveal greater signs of vulnerability.

How do individuals continue to live or exist despite danger and hardship when available resources are scarce in their immediate environment? There is a question in the earlier literature regarding whether or not young adults can survive. When faced with poverty, neglect, maltreatment, violence, racism, and discrimination, what protects these individuals? When individuals do not have protective factors, how are they able to find support even within high-risk environments (Newland, 2014)? Individuals who succeed despite challenges to their growth and development show signs of greater resilience. Wright, Masten, and Narayan (2013) suggested these individuals possess traits that make them less vulnerable. They can persist, adapt, and succeed based on their efforts along with support from immediate environments, family, friends, and society. The individuals that have endured traumatic and stressful situations, an estimated 60%-80%, will be defined as resilient, being able to adapt and thus continuing to function (McAndrew et al., 2017). However, when an individual is unable to adapt to a situation of trauma or adversity, the reasons can be a lack of resources or knowledge on how to utilize the available resources. Resources and protective factors enable individuals to manage their lives better and encourage individuals to persist when faced with adversity or trauma (Bamishigbin, et al, 2017). Resources include, but are not limited to, self-esteem, social support, collective efficacy, and approach-oriented coping.

2.3.2 Risk Factors

Wright et al. (2013) suggested that risk signifies an elevated probability of a negative outcome. Risk factors are factors that affect an individual's level of functioning and often are factors that are beyond a person's control. An example of risk factors may include low self-esteem, anxiety, poor parenting, poverty, and poor attachment (Youth.gov, 2015). It is because of risk factors that an individual will be prone to face adversity, but it is with the assistance of protective factors that those individuals can learn to get better at managing risk in their lives, cope with the circumstances, and find the strength to prevail when faced with difficulty. A risk factor can be defined as a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes (Youth.gov, 2015). Researchers have

attempted to understand what contributes to the resilience of individuals through the conceptualization of various factors within ecological models (Diab, Peltonen, Qouta, Palosaari, & Punamaki, 2015).

2.4 Impact of Factors on Resilience Level

When studying resilience, it is important to consider the environmental and ecological surroundings of the individual. An individual's environment is an impactful factor regarding how one responds to and handles difficulty when confronted. The people with whom the individual comes in contact can play a huge role in how the individual handles adversity. An individual's resilience is greatly impacted by the individual, familial, and societal levels. The environment can shape growth and development as well as assist in adaptation. Individuals have the power both to shape their environment and to be shaped by their environment (Smith & Hamon, 2012).

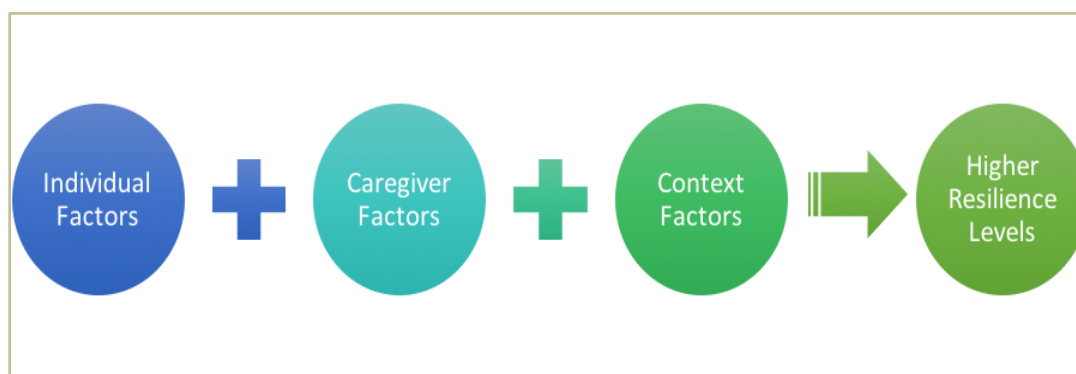


Figure 1. CYRM Sub-Scales

2.4.1 Impact of Sex Differences

Past studies have found that females are more resilient to effects of stress than their male counterparts (Haatainen et al., 2013; McGloin and Widom, 2001; Samplin, Ikuta, Malhotra, Szeszko, & DeRosse, 2013; Teicher et al., 2004). Females tend to be more resilient to risk as opposed to males who are more vulnerable. Calaguas (2011) found that males reported having greater difficulty in adjusting academically, socially, and personally when compared to females. Similarly, Sagone and De Caroli (2014) found that females could cope by seeking social support and utilizing emotionally focused strategies as compared to males. On the contrary, Kumar and Dixit (2014) presented the argument that there is no significant difference between males and females on the dimension of forgiveness, gratitude, and resilience. Also, McLafferty, Mallet, and McCauley (2012) and Cassidy (2015) found no difference in gender in regards to resilience. Samplin, Ikuta, Malhotra, Szeszko, and DeRoss (2013) noted that females are more resilient to neurological effects; however, they are not more resilient to psychiatric symptoms that are associated with maltreatment. Emotional abuse is associated with higher levels of subclinical psychopathology in males and females. Additionally, the researchers found that emotional abuse is associated with reduced hippocampus volume in males, but not in females (Samplin et al, 2013). Newsome, Vaske, Gehring, and Boisvert (2016) suggested that sex differences are important and significant factors regarding how individuals respond when faced with difficulty and hardship. Ungar and Liebenberg (2011) noted that individual protective factors are extremely important and have a crucial role in the way individuals respond and react in difficult situations. Beyond the individual's sex, factors such as personal skills, peer support, and social skills contribute to individual resiliency (Fig. 2). Males and females can both benefit from individual factors and possess a high level of resilience. However, their level of resilience is based on how they utilize their individual resources, how they perceive themselves, and how they perceive the support from their peers.

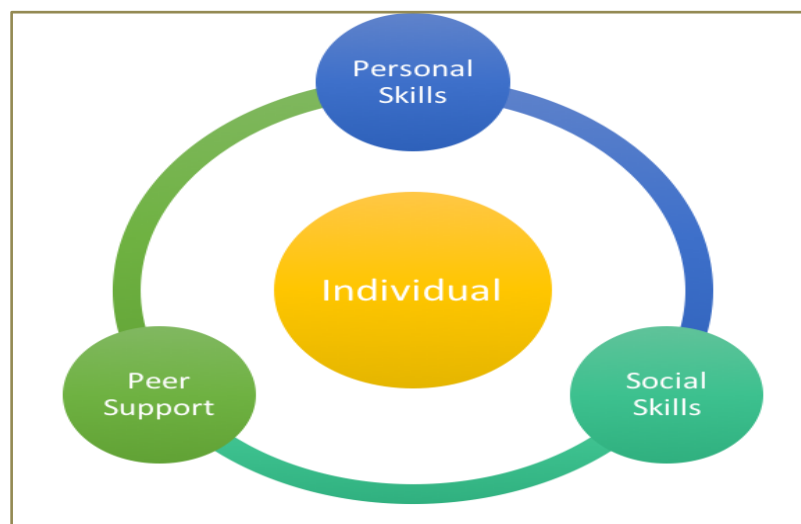


Figure 2. CYRM Individual Sub-Scale

2.4.2 Impact of Family

The family system is crucially the primary source of support contributing to an individual's healthy development and well-being, especially during traumatic and emotionally disturbing situations (Dekel, 2017; Diab, et al, 2015; Newland, 2014). Newland (2014) also suggested that high levels of positive emotionality are related to family functioning. Family well-being is the foundation in which children are parented in developmentally supportive ways that result in bolstering their resilience. Bowlby and his attachment theory suggested that during challenging situations, individuals seek affiliation and safety from one another (Diab et al., 2015).

Attachment relationships with parents and caregivers are measures for an individual's well-being and predictors of resiliency early in life (Newland, 2014). Individuals gain essential traits such as self-esteem and self-worth; these are two characteristics that determine resilience through the support of the family system (Hartman, Turner, Daigle, Exum, & Cullen, 2009; Newland, 2014). Strong bonds of family, parental support, and attachment are predictors of protective factors for individuals. Motivational and cognitive-emotional functioning are evident mechanisms through which supportive parents foster resilience (Diab et al., 2015). Additionally, Diab et al. (2015) suggested that social support and a sense of being connected with others serve as a protective shield for mental health. Ungar and Liebenberg (2011) found that physical and psychological caregiver factors serve as influential factors to individuals experiencing hardship or adversity. The authors noted that caregiving factors contribute to higher resiliency (Fig. 3).

The support of the family unit contributes to feelings of support and comfort which enhance perception, self-esteem, and attitude. The support of the caregiver is an important factor in one's development and essentially can affect the person depending on the relationship. On the contrary, conflicts with parents/caregivers, deviant parent-child interactions, harsh and inconsistent discipline, often serve as predictors of high-risk factors for individuals. Even in environments with severe familial discord, a supportive relationship with at least one parent will result in a higher level of resiliency (Hartman et al., 2009; Newland, 2014). When there is poor functioning within the family system, both the parents' and children's mental health is impacted due to a high level of conflict (Newland, 2014).



Figure 3. CYRM Caregiver Sub-Scale

2.4.3 Impact of Parental Support

Young adults often rely on and value their parents for support when transitioning to adulthood. Napolitano (2015) found that across the socioeconomic spectrum, parents are willing to provide support. He also suggested that over 60 percent of young adults receive financial support transfers from parents. Nearly half of the young adults in the Youth Development Survey, a longitudinal study, received support regarding housing or finances from their parents. It was found that parents spend on average over \$38,000 on their young adult children (ages 18-34). Young adults from families in the upper-class quartile receive three times more assistance as compared to young adults in the bottom quartile (Napolitano, 2015). Besides monetary support, parental self-sufficiency and resources are related to healthy well-being, family functioning, parenting behaviors, and child outcomes (Newland, 2014). Newland further noted that parents, who can meet the needs of the child appropriately through engagement, encouragement, teaching, and responsiveness, foster the child's overall well-being.

2.4.4 Impact of Culture

Ungar and Liebenberg (2011) found that contextual factors are important contributors to resilience level. The authors suggested that culture, spirituality, and education serve as protective factors and enhance individuals' perceptions and behaviors when faced with adversity (Fig. 4). Context factors are extremely common in resilience literature; there are several studies that have studied the relationship between contextual factors and resilience. As a result, there is a high level of validity geared towards context factors and the consistent relationship the factors have with resilience levels. Understanding cultural differences in resilience involves examining ethnic response, adaptation, and coping that individuals of different demographics experience. Johnson and Beamer (2013) suggested that culture is the organizing theme of resilience and essentially is the larger force that influences and constraints individuals.

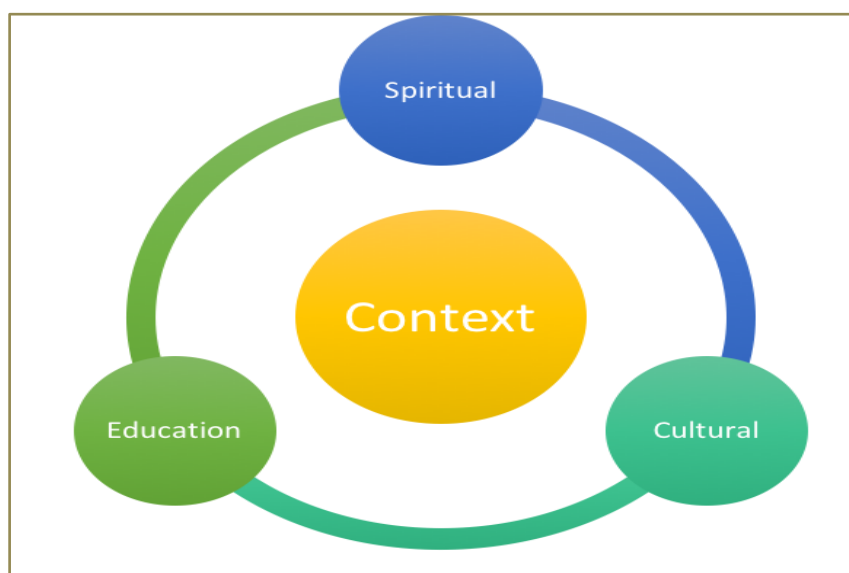


Figure 4. CYRM Context Sub-Scale

Examining resilience in a cross-cultural perspective can be explained through protective factors (network, abilities/skills, meaning, values, and faith), different ways of creating resilience, and vulnerability from the culture. Community resilience is the ability of the community to establish and maintain a satisfactory level of community capacity in the face of adversity (Yee-Mlichar, Boyle, Wanek, & Pawlowsky, 2014). Yee-Mlichar et al. (2014) further noted that resilience refers to a culture's capacity to maintain and develop a cultural identity, critical cultural knowledge, and practices. Immigrants who master the rules and norms of their new culture without abandoning their language, values, and social support are more resilient than those who keep their own culture and cannot acclimate to their new culture (Yee-Michar et al., 2014). Seemingly, if one takes the culture from a group of people, they take both their identity and resilient factors as well as make them vulnerable.

2.4.5 Impact of Spiritual Support

In past literature, the terms spirituality and religion are often linked and have a positive impact on resilience (Glenn, 2014; Walker & Longmire-Avital, 2013). Spirituality and religious beliefs are crucial to understanding how individuals make sense of life events and, furthermore, how individuals cope with challenging situations. Glenn (2014) noted that spiritual coping involves emotional reassurance, guidance, and problem-solving. A growing body of literature attempts to explain elements of spirituality for the development of therapeutic interventions. In recent years, spirituality has been linked to studies involving risks of perpetrating abuse, self-regulation, self-control, depression, hopelessness, life satisfaction, and trauma (Dymlin & Thomsen, 2005; McCullough & Willoughby, 2009; Murphy, Ciarrocchi, Piedmont, Cheston, Peyrot, & Fitchett, 2000). During the emerging period from youth to young adulthood to mid-adulthood, individuals begin to define, shape and even reshape what spirituality is for themselves (Glenn, 2014). Emerging adulthood (18-25 years old) is a time in which individuals explore identities and ideologies (Walker & Longmire-Avital, 2013). Walker and Longmire-Avital (2013) also found that individuals undergo neurological and physiological changes that have an impact on their development, especially cognitive and socio-emotional development. With age comes maturation of the brain and possible environmental change which gives rise to the individual's ability to think critically about the world and thus solidify their identities. Young adults no longer directly under the supervision of their parents or caregivers begin to question religious institutions, think independently, and reject expectations (Walker & Longmire-Avital, 2013).

Smith (2004) noted that there are seven effects of trauma on spirituality: (1) the dissolution of trust, (2) the idealization of fairness, (3) feelings of emptiness and abandonment, (4) doubt in religious beliefs, (5) persuasive cynicism, (6) guilt and shame, and (7) betrayal. This research framework assists in helping individuals derive the meaning of life after enduring adverse occurrences. Ano and Vasconcelles (2005) linked coping (spiritually) to the enhancement of positive adjustment. During the emerging adulthood stage of life, individuals search for the meaning of life and examine their values and morals in life (Glen, 2014). Glen (2014) further noted that resilient spirits are motivated by searches of connectedness for healing. Young adults have the

cognitive ability to understand connectedness in a greater order and how the feeling of connectedness furthermore influences their perception when faced with challenges. Past research thus shows the risk and protective factors—those which contribute to the resilience levels. It is hence important to explore the individual's resources, at home and in the community as they may impact their journey into emerging adulthood (Fig. 1). It is crucial that individuals are aware of how to recognize and utilize the resources that they have available to them in order to overcome adverse situations.

III. METHODOLOGY

The current study examined resilience levels of young adults from Alabama and Tennessee. The methodology presented in this chapter includes a description of participants, instrumentation, procedures for data collection, ethical considerations, and the statistical procedures for analyzing the data. The purpose of the study was to explore how young adults in Alabama and Tennessee cope when faced with adverse or difficult situations and furthermore to examine and compare their levels of resilience.

3.1 Participants

The current study focused on participants/samples of 18-26 years of age. Only individuals in the age group were considered for the study. The participants were chosen from the states of Alabama and Tennessee. The sample included students attending educational institutions, those from community groups and organizations, and individuals employed or not employed. Efforts were made to include participants from as many diverse settings as possible. A representative sample of 100 participants was surveyed. Intentional efforts were made to recruit participants from different income and educational levels, races and ethnicities, and of different marital status. Also, efforts were made to include participants from different places of residence: rural, suburban, and urban populations.

3.2 Instrumentation

The instrument that was used for the current study is the Adult Resilience Measure (RRC-ARM) which is an adaptable version of the Child and Youth Resilience Measure (CYRM) (Ungar & Liebenberg, 2011). The resilience CYRM was originally developed as part of the International Resilience Project at the Resilience Research Centre in 2003. The instrument was created in three forms. The tool was designed to measure the resources and protective factors (individual, relational, communal, and cultural) available to individuals that potentially influence their resilience. Ungar and Liebenberg (2011) noted that this measure was designed to demonstrate good content validity within each research site in which the study is piloted. By mixing qualitative and quantitative approaches to the development of the measure, the authors were able to examine unique and common aspects of resilience. Furthermore, the authors suggested that all items on the scale were reliable measures of resilience and that the formation of subscales may differ based on the respondent's culture, gender, and social cohesion of their environment or community (Ungar & Liebenberg, 2011).

The instrument was approved by the Institution Review Board (AAMU – 354) at Alabama A&M University (Appendix A). The questionnaire consisted of nine demographic questions about the individual as well as the individual's family, community, and relationship with other people. The demographic questions were designed to help the researcher gain a better understanding of the contexts in which the participant live and what roles the individuals around the participant play. The goal of the study was to collect as much information on various factors influencing the resilience among young adults. The questionnaire was administered using paper and pencil style methods. The questionnaire was anonymous; only the month and year of birth were requested to confirm the participants' age group. Additionally, the instrument consisted of a 3-point Likert-scale with twenty-eight (28) questions. Administration for the RRC-ARM-28 took approximately 10-15 minutes.

The instrument was broken down into subscales: individual capacities/resources, relationships with primary caregivers, and contextual factors that suggest a sense of belonging. Within the survey, several questions provided insight into certain subscales. Higher scores indicated higher levels of characteristics associated with resilience. Additionally, higher scores indicated higher levels of characteristics associated with each of the subscales (individual, personal relationships with key individuals, and context/sense of belonging). The subscales were further divided based on their focus (CYRM, 2003). The Individual subscale consisted of individual personal skills, individual peer support, and individual social skills. The Caregiver subscale consisted of physical caregiving and psychological caregiving. Lastly, the Context subscale consisted of context spiritual, context education, and context cultural (Appendix D). Ungar and Liebenberg (2011) noted that the subscales

reflected major and relevant categories of resilience. Also, based on reliability analyses, the measure and the subscales were found to be consistent but could vary according to the participants' culture, gender, and the social cohesion of their environment or community.

3.3 Data Collection

The questionnaire was administered using paper and pencil modes. The questionnaire was anonymous with only the month and year of birth requested to confirm the participants' age group. Administration for the RRC-ARM-28 took approximately 10-15 minutes. Young adults were recruited from Huntsville, Alabama, and Murfreesboro, Tennessee at educational institutions/universities: specifically, Alabama A&M University, the University of Alabama in Huntsville, and Middle Tennessee State University. The researcher administered surveys in the student centers and libraries, located within the universities. Recruitment and distribution of the survey were between the hours of 12 PM and 4 PM throughout the week (Monday through Friday). The influencing factors behind selecting participants were experience and age and cognitive, behavioral, and environmental variations. Before the questionnaire was administered, the young adults received an informed consent form describing the goals of the study and the possibility of declining or ending participation at any given time (Appendix B). Afterwards, the participants filled out a paper questionnaire which took approximately 10-15 minutes. The researcher was present to supervise the data collection, i.e., introduce the project and the procedure, answer questions, and ensure maximum privacy for the respondents. Confidentiality of responses was guaranteed as well as the option to stop participation at any time.

3.4 Ethical Considerations

The researcher strictly adhered to the code of ethics and practices established by the American Psychological Association (APA), Institution Review Board (IRB), and American Association of Public Opinion Research (AAPOR). The researcher ensured honesty and integrity throughout the process of surveying and interacting with participants and the public at large. The researcher disclosed the limitations and additional shortcomings of the survey before administration. The participants were given a consent form as well as an explanation of the overview of the study and the purpose of the study to allow them to make an informed judgment about their participation in the study. It was emphasized that the participants be free to withdraw at any time during the study and without any questions. Confidentiality and anonymity of the respondents were maintained by the researcher. There were no physical or any life-threatening activities associated with this study. A minor risk of discomfort could have occurred and been experienced by the participant when responding to some of the questions in the questionnaire. Care was taken to avoid asking for any intrusive and private/personal information. Participants were assured that the results of the study were used strictly for professional and research purposes and would not be disclosed to other groups/parties. Overall, the researcher maintained a professional demeanor at all times and was mindful of the safety and concerns of the participants.

3.5 Data Analyses

To address the goals of the study, the researcher examined the past literature about resilience and various important factors such as (individual, caregiver, and context) that contribute to resilience level. The researcher used the analytical methods on the responses derived from the questionnaire to examine factors (individual, caregiver, and context). When all of the questionnaires were reviewed, each questionnaire was coded, properly stored, and entered for statistical analyses. Descriptive statistics were calculated for the sample. All hypotheses were evaluated by samples independent groups t-tests.

IV. RESULTS AND DISCUSSION

The purpose of the current study was to explore how young adults in Alabama and Tennessee cope when faced with adverse or difficult situations and furthermore to examine and compare their levels of resilience based on their individual, caregiver, and context resources. This chapter presents the participants' responses regarding their daily activities and how they cope with adversity. The responses are centered on the individual, caregiving, and contextual factors that influence their level of resilience. The analyses of data were directed by the following research questions: 1) Are there specific individual factors (personal skills, gender, peer support, and social skills) that impact the way an individual responds to difficulties in life? 2) Are there specific caregiver factors (physical and psychological caregiving) that impact the way an individual responds to difficulties in life? 3) Are there specific contextual factors (spiritual, education, and cultural contexts) that impact the way an individual responds to difficulties in life?

Table 1. Participant Demographics

State/Criteria	Alabama n=50		Tennessee n=50		Total	%
Gender						
Female	34	68%	32	64%	66	66%
Male	16	32%	18	36%	34	54%
Overall	50	100%	50	100%	100	100%
Race & Ethnicity						
Aboriginal/Native	0	0%	0	0%	0	0%
South Asian	0	0%	0	0%	0	0%
South-East Asian	0	0%	1	2%	1	1%
West Asian	0	0%	0	0%	0	0%
Asian	2	4%	4	8%	6	6%
Black	29	58%	21	42%	50	50%
White/European	16	32%	17	34%	33	33%
Filipino	1	2%	0	0%	1	1%
Latin American	0	0%	3	6%	3	3%
Other	2	4%	4	8%	6	6%
Overall	50	100%	50	100%	100	100%
Education						
High School	23	46%	22	44%	45	45%
Associate Degree	2	4%	0	0%	2	2%
Bachelors	6	12%	6	12%	12	12%
Some College	19	38%	21	42%	40	40%
Masters	0	0%	1	2%	1	1%
Overall	50	100%	50	100%	100	100%

4.1 Results

The sample in the investigation consisted of two groups of young adult participants: young adults from Alabama and young adults from Tennessee. The young adults represented the states in universities: specifically Alabama Agricultural and Mechanical University, the University of Alabama in Huntsville, and Middle Tennessee State University. The data were collected from 100 participants: 50 from Murfreesboro, Tennessee and 50 from Huntsville, Alabama. Analyses of gender, individual characteristics, caregiver characteristics, and context characteristics were identified. Among the 100 young adults identified, 66 were female, and 34 were male. The range of ages was 18-26. Concerning racial group and ethnicity, 50 young adults identified themselves as Black, 33 identified themselves as White/European, 6 identified themselves as Asian, 6 identified themselves as other, 1 identified his/herself as South-East Asian, and 1 identified his/herself as Filipino. Further, in regards to education, 45 participants marked high school, 40 participants selected some college, 12 participants selected bachelors, 2 participants selected associate degree, and 1 participant selected masters as his/her highest level of education (Table 1). Participants responded to the Adult Resilience Measure (RRC-ARM). The responses of the measure were coded, and the data were assessed for basic assumptions and statistical analyses. A non-directional samples t-test was conducted to determine and compare the variables (state, gender, individual subscale, caregiver subscale, and context subscale) and resilience level. An alpha level

of 0.05 was utilized. The researcher used specific numbers (1-NO; 2-SOMETIMES; 3-YES) to code individual responses.

Once completed, the researcher added the total of each response (No, Sometimes, and Yes) and used the t-test to determine the level of resilience. Therefore, when comparing the two states of Alabama and Tennessee and when comparing females and males in Alabama and Tennessee, the highest mean score obtainable was 84, and the lowest mean score was 28. Furthermore, for each of the subscales, the numbers differed depending on the number of questions in the category. First, for the individual subscale, 33 was the highest mean score, and 11 was the lowest mean score that the participants could obtain. Next, for the caregiving subscale, 21 was the highest mean score, and 7 was the lowest mean score that the participants could obtain. Lastly, for the context subscale, 30 was the highest mean score, and 10 was the lowest mean score that the participants could obtain. The higher the mean score, the more resilient the individual was considered to be.

4.2 Testing of Hypotheses

The tables in the upcoming section show the breakdown of the t-test analyses which include the mean score, standard deviation, standard error of the mean, t value, the degree of freedom, and the probability for the CYRM-28 scale. Statistics on the comparison of state, gender, individual subscale, caregiver subscale, and context subscale are listed below.

4.2.1 Hypothesis One

Hypothesis One stated that there would be no significant difference in levels of resilience among young adults from Alabama and Tennessee. The level of resilience portrayed among young adults from Alabama and Tennessee was tested using a non-directional, independent samples t-test. The Adult Resilience Measure (RRC-ARM) measured resilience through three subscales: individual, caregiver, and context. The t-test statistic was as follows: $t(98) = 0.6$; $p > 0.55$. The results indicated that there was no significant difference in the resilience levels between young adult participants from Tennessee ($M=75.40$, $SD=7.33$) and Alabama ($M=76.24$, $SD=6.69$). Hypothesis #1 was therefore supported. Higher mean scores indicated higher levels of resilience; therefore, based on the similarity of the mean scores, both states are highly resilient (Table 2).

Table 2.Independent Samples t-test of Participants in Alabama and Tennessee

	Group	N	M	SD	SEM	t	df	p
Total	Tennessee	50	75.40	7.33	1.04	0.6	98	0.55
	Alabama	50	76.24	6.69	0.95			

4.2.2 Hypothesis Two

Hypothesis Two stated that there would be no significant difference in the resilience levels between males and females in young adults from Alabama. A non-directional, independent samples t-test indicated that there was indeed a significant difference $t(48) = 2.00$; $p < 0.05$. The Adult Resilience Measure (RRC-ARM) measured resilience through three subscales: individual, caregiver, and context. The results suggest that young adult females in Alabama ($M=77.44$, $SD=5.43$) have higher resilience levels than young adult males in Alabama ($M=73.50$, $SD=8.37$). Hypothesis #2 was therefore not supported (Table 3).

Table 3. Independent Samples t-test of Males and Females in Alabama

	Group	N	M	SD	SEM	t	df	p
Total	Males	16	73.50	8.37	2.09	2.00	48	0.05
	Females	34	77.44	5.43	0.93			

4.2.3 Hypothesis Three

Hypothesis Three stated that there will be no significant difference in the resilience levels between male and female young adults from Tennessee tested performing a non-directional, independent samples t-test. The t-test statistic was as follows: $t(48) = 2.02$; $p < 0.04$. Table 4 shows that there is indeed a significant difference in the resilience level between females ($M=77.41$, $SD=6.00$) and males ($M=73.50$, $SD=7.42$) in Tennessee. Higher scores indicate higher levels of characteristics associated with resilience; therefore, young adult females in Tennessee have a higher resilience level than young adult males in Tennessee. Hypothesis #3 was therefore not supported (Table 4).

Table 4. Independent Samples t-test of Males and Females in Tennessee

	Group	N	M	SD	SEM	t	df	p
Total	Males	18	73.50	7.42	1.75	2.02	48	0.04
	Females	32	77.41	6.00	1.06			

4.2.4 Hypothesis Four

Hypothesis Four stated that there will be no significant difference in the individual subscale on the resilience measure among young adults from Alabama and Tennessee tested performing a non-directional, independent samples t-test. The Adult Resilience Measure (RRC-ARM) measured resilience through three subscales: individual, caregiver, and context with specific questions in the survey providing insight into certain sub-scales. As for the individual subscale, the individual capacities were further broken down into three categories: personal skills, peer support, and social skills. The personal skill category consisted of statements such as 1) I cooperate with people around me; 2) I try to finish what I start; 3) People think that I am fun to be with; 4) I can solve problems without harming myself or others (e.g. without using drugs or being violent); and 5) I am aware of my strengths. Also, the peer support category consisted of questions such as 1) I feel supported by my friends and 2) My friends stand by me during difficult times. Lastly, the social skill category consisted of questions such as 1) I know how to behave in different social situations; 2) I know where to get help in my community; 3) I have opportunities to show others that I can act responsibly; and 4) I have opportunities to apply my abilities in life (like skills, a job, and caring for others). The t-test statistic was as follows: $t(98) = 0.30$; $p > 0.77$ (Table 5). Higher scores indicate higher levels of characteristics associated with resilience; therefore, young adults in Tennessee ($M=30.34$, $SD=2.75$) and Alabama ($M=30.18$, $SD=2.70$) have individual resilience components present in their lives which result in a high level of resilience. Hypothesis #4 was therefore supported (Table 5).

Table 5. Independent Samples t-test of Tennessee and Alabama Individual Subscale

	Group	N	M	SD	SEM	t	df	p
Total	Tennessee	50	30.34	2.75	0.39	0.30	98	0.77
	Alabama	50	30.18	2.70	0.38			

4.2.5 Hypothesis Five

Hypothesis Five stated that there would be no significant difference in the caregiver subscale on the resilience measure among young adults from Alabama and Tennessee. The hypothesis was tested performing a non-directional, independent samples t-test. The Adult Resilience Measure (RRC-ARM) measured resilience through a caregiver subscale. The caregiver capacities were broken down into two categories: physical caregiving and psychological caregiving. Firstly, the physical caregiving category consisted of questions such as 1) My family usually supported me through life and 2) If I am hungry, I can get food to eat. Secondly, the psychological caregiving category consisted of questions such as 1) My family knows a lot about me; 2) I talk to my family/partner about how I feel; 3) My family stands by me during difficult times; 4) I feel secure when I am

with my family; and 5) I enjoy my family's/partner's cultural and family traditions. The t-test statistic was as follows: $t(98) = 0.98$; $p > 0.33$ (Table 6). Higher scores indicate higher levels of characteristics associated with resilience; therefore, based on the scores, young adults in Tennessee ($M=19.26$, $SD=2.01$) and Alabama ($M=18.78$, $SD=2.82$) have caregiving resilience components present in their lives which result in a high level of resilience. Hypothesis five was therefore supported (Table 6).

Table 6. Independent Samples t-test of Tennessee and Alabama Caregiver Subscale

	Group	N	M	SD	SEM	t	df	p
Total	Tennessee	50	19.26	2.01	0.28	0.98	98	0.33
	Alabama	50	18.78	2.82	0.40			

4.2.6 Hypothesis Six

Hypothesis Six stated that there will be no significant difference in the contextual subscale on resilience measure between young adults from Alabama and Tennessee tested performing a non-directional, independent samples t-test. The Adult Resilience Measure (RRC-ARM) measured resilience through a context subscale. The contextual capacities were broken down into three categories: spiritual, education, and cultural. Firstly, the spiritual category consisted of questions such as 1) Spiritual beliefs are a source of strength for me; 2) I participate in organized religious activities, and 3) I think it is important to support my community. Next, the education category consisted of questions such as 1) Getting and improving qualifications or skills is important to me, and 2) I feel I belong in my community. Lastly, the cultural category consisted of questions such as 1) I have people I can respect in my life; 2) I am proud of my ethnic background; 3) I am treated fairly in my community; 4) I enjoy my community's culture and traditions, and 5) I am proud to be a citizen of _____ (insert country). The t-test statistic was as follows: $t(98) = 0.82$; $p > 0.41$ (Table 7). Based on the findings, young adults in Tennessee ($M=30.50$, $SD=28.12$) and Alabama ($M=27.22$, $SD=2.79$) have context resilience components present in their lives, which results in a high level of resilience. Hypothesis #6 was therefore supported (Table 7).

Table 7. Independent Samples t-test of Tennessee and Alabama Context Subscale

	Group	N	M	SD	SEM	t	df	p
Total	Tennessee	50	30.50	28.12	3.98	0.82	98	0.41
	Alabama	50	27.22	2.79	0.40			

V. DISCUSSION

5.1 Gender and Resilience

There are research studies supporting the notion that there is a relationship between gender and resilience, and there are research studies that support the notion that there is no relationship between gender and resilience. This represents an area worthy of continued study as gender differences and resilience should be examined further. Research by Newsome et al (2016) indicated that males tend to show greater vulnerability to risk compared to females which exhibit greater resilience. The study found that genetic factors play an important role in accounting for variation in different risks and outcomes. Genetic factors in the study influenced the ways that males responded to risk while environmental factors explained variation in how females responded to risk. Relatedly, Calaguas (2011) found that males reported having greater difficulty in adjusting academically, socially, and personally when compared to females. The current study shows that males have a more difficult time coping when faced with adversity as compared to females. The study by Calaguas (2011) consisted of freshman college students and was conducted during the first semester of the school year. There was a total of 470 college freshman (134 being male and 336 being female). Similar to the current study, the participants were at an uneven number in regards to sex (the number of females exceeded the number of males). However, the findings remained congruent. Sagone and De Caroli (2014) noted that females could cope by seeking social support and utilizing emotionally focused strategies as compared to males. The study consisted of middle and

late adolescents from Italy as compared to the current study that consisted of young adults in America. Additionally, the 2014 study was done in small group settings and focused on four factors of personality (curiosity, preference for complexity, willingness to risk-taking, and imagination). Similarly, the current study also focused on individual characteristics.

On the contrary, Kumar and Dixit (2014) presented the argument that there is no significant difference between males and females from India on the dimension of forgiveness, gratitude, and resilience. Along the same lines, McLafferty, Mallet, and McCauley (2012) and Cassidy (2015) found no difference in gender in regards to resilience. The current study, however, shows that there is a relationship between gender and resilience in the states of Alabama and Tennessee. The studies are alike in that the sample consisted of young adult/college student participants. However, the 2012 study consisted of students from Ireland, the 2015 study consisted of British students, and the current 2017 study consisted of young adults in America. The reason behind the findings of significant differences in resilience level and gender can be explained by compartmentalizing the different characteristics of males and females. For example, females are more nourishing and have a desire to take care of others as compared to males who are less nourishing (Sagone & De Caroli, 2014). Also, males try to display their power through acts of competing with individuals in their ecology or environment. The differences between the two, male and female, contribute to their coping effectiveness and resilience level.

5.2 ARM – Individual Subscale

Findings from past research substantiate that individual factors such as personal skills, peer support, and social skills influence resilience level. Mattingly, Oswald, and Clark (2011) found that an individual's ability to adapt to a new environment is dependent on their self-construal. Individuals with high relational self-construal are successful in maintaining interpersonal relationships which contribute to their ability to adapt (Fig. 2). The authors explored the association between relational-interdependent self-construal, communal strength, and pro-relationship behavior use. The participants were between the ages of 17-22, and the mean age was 19.0 (young adult stage). The findings from the past study are congruent with the findings of the current study in that individual personal skills and characteristics contribute to resilience and impact how individuals respond and adapt when exposed to adversity. Juand, Ittel, Hoderichter, and Gallarin (2016) also noted that peer support and family cohesion predicted fewer depressive symptoms as compared to the previous studies. The authors found that even for individuals from different cultural and ethical environments, peer support remained a consistent protective factor, especially for academic and psychological adjustment (Fig. 2). The current study also shows that peer support influences resilience levels and assists with adjustment in difficult situations. Also, Rahat and Illhan (2016) asserted that self-construal and perceived social support have a significant predicting role in resilience and adjustment, particularly for college students in Turkey. Consistent with the past finding, the current study found that individual factors consisting of personal skills, social skills, and peer support serve as protective factors and contribute to the resilience levels for young adults in America. Lastly, Chao (2012) found that social support is the most important factors contributing to young adults exhibiting positive behaviors towards adjustment. The current study also shows that social support contributes to individual resilience. Chao examined conditions consisting of social support, dysfunctional coping, perceived stress, and well-being in college students. Findings from both studies suggest that social support is an important factor to levels of resilience.

5.3 ARM – Caregiver Subscale

Caregiving factors were found to be a strong contributor to resilience in young adults in Alabama and Tennessee. Past research and the attachment theory also suggests that caregiving factors influence resilience level, especially for young adults (Fig. 3). Through their research, Thurber and Walton (2012) found that when individuals enter a new environment and find themselves struggling with adjustment, they initially cope by contacting their families. Individuals who receive support from their family struggle less with adapting, anxiety, and depression. Also, Newland (2014) found that individuals gain essential traits through the family system. For example, self-esteem and self-worth are two vital contributors to resilience levels. The authors found that individuals develop and strengthen these traits through the family system. Furthermore, Buehler and Gerard (2013) confirmed that positive relationships with families and self-efficacy are protective factors which decrease stress level and contribute to resilience level. The study conducted by Buehler and Gerard (2013) examined family risks (socioeconomic, parents' psychological realm, marital, and parenting), and adolescent adjustment difficulties. The current study focused on protective factors (physical caregiving and psychological caregiving)

on the young adult population. Given the uniqueness of the studies, the findings remain the same; caregiving and positive relationships with family impact resilience levels (Table 6).

5.4 ARM – Context Subscale

Research in this area and the ecological systems theoretical framework strongly supports the notion that contextual factors such as education and spirituality contribute to and influence resilience level. Beightol, Jeverson, Carter, Gray, and Gass (2012) examined the linkage between education and resilience and found that education positively affects certain resilience traits. Congruently, the current study also shows that education positively impacts resilience. Also, Gunnestad and Thwala (2011) found that the belief in God helps people to overcome crises. The authors utilized two ways to collect their data: 1) a retrospective study where preschool teacher students from Zambia and Swaziland wrote about an adverse time in their childhood and coping strategies in response to the situation and 2) an interview study where orphans in Swaziland were interviewed about their adverse situations and their needs.

The current study also found that spirituality and the belief in a higher power contribute to resilience level and an individual's ability to overcome adversity (Table 7). Although the 2011 study was conducted in Africa and the current study was conducted in America, the findings still suggest that spirituality contributes to higher resilience levels. However, in regards to cultural context characteristics, research studies are supporting the notion that there is a relationship between culture and resilience, and there are studies that support the notion that there is no relationship between culture and resilience. This represents an area worthy of continued study; thus, culture and resilience should be examined further. Kumar and Dixit (2014) indicated that there was no linkage between cultural differences and forgiveness, gratitude, and resilience. The study examined the difference between the youth of South India and North India on the measure of resilience. The authors found that cultural differences do not affect the values of Indian youth. The current study, however, found that there is a linkage between culture and resilience and that culture influences resilience level (Table 7).

Futhermore, Consoli, Delucio, Noriega, and Llamas (2015) conducted a study examining Latino/a students and predictors of resilience which consisted of spirituality, hope, social support, family support, and cultural values. Findings of the study suggested that hope is a significant predictor of thriving and resilience, and spirituality and culture are significant predictors of thriving. Family support, however, was less significant than the other variables. Findings from the current study are similar in that spirituality, hope, and culture are predictors of resilience; however, the studies differ in the significance of caregiving support. The current study suggests that caregiving is just as important and necessary as individual and contextual factors in regards to enhancing resilience levels.

VI. CONCLUSIONS

This research contributes to the current body of knowledge about resilience and protective factors for young adults' well-being and functioning. This thesis aimed to further enhance understanding in the area of resilience, coping, protective factors, and functioning during the young adult stage. In doing so, several key findings have surfaced. Firstly, the current study identified Alabama and Tennessee, two states that have not been examined in past literature regarding resilience. There was a gap in the literature in this regard. Interesting enough, both states were found to be highly resilient and aware of how to utilize their resources to their benefit. Furthermore, the current study found a relationship between gender and resilience. Because gender and resilience are a controversial topic in resilience literature, it was important to examine the two variables further. The current study added to and validated past literature that females have higher resilience levels than males. The current study suggests that females are more aware of their individual, caregiving, and context resources, and thus, utilize them as needed when coping with adversity. Lastly, this study suggests that protective factors consisting of individual factors, caregiving factors, and context factors are strong contributors to resilience. The relationship between the three subscales and young adult resilience levels were examined throughout the study. The findings suggest that individual, caregiver, and context factors contribute to young adult resilience which is supported by past research studies.

6.1 Limitations

Some limitations may compromise the findings of this study. The first limitation is that the participants were represented in one geographical region. Consequently, this may suggest why the findings were similar when comparing the states. Additionally, the number of participants involved in this study could be considered a

limitation as more validity would have come from a larger sample size. Furthermore, the instrument used in the study was a self-report which could result in dishonest responses and bias. As a result, the results of the study could possibly be skewed. The limitations suggested above should be considered when conducting further research.

6.2 Implications

While this study has limitations, it still contributes to the body of literature by further examining coping strategies and protective factors that impact resilience. It is important that young adults become more aware of the resources that are available to them. Understanding one's resources may assist in providing an understanding of individuals' ability to cope and manage adverse situations. As a result, the awareness of resources and protective factors will contribute to the maintaining functioning and enhancing levels of achievement and resilience. It is important to establish implications for individuals who are transitioning into the young adult stage for the sake of their healthy development and functioning. Also, it will assist young adults in seeking equilibrium throughout their transition. Being that resilience and effective coping strategies are so important to human development, it is essential for scholars to gain a further understanding of young adults who experience major changes. The findings of this study emphasize the importance of resiliency, coping strategies, and protective factors among young adults. For young adults and those approaching the young adult stage, this study highlights the relevance of protective factors that can be utilized in transitioning and or adapting into the young adult stage.

6.3 Future Recommendations

Future studies addressing resilience and protective factors among young adults should consider the limitations of the study by further expanding the distance of geographical region, increasing the sample size, and diversifying the sample. Also, there is a possibility that the participants were limited to expressing how they cope with adversity based on the 3-point Likert Scale Survey. To get a more valid and clearer understanding of how the participants deal with adversity, it is important to consider different methods of inquiry— both qualitative and quantitative. Based on the findings and conclusions of this study, the researcher recommends that young adults become more aware of the protective factors which can enhance their levels of resilience. There is no question that the transition into young adulthood can be difficult without the knowledge of how to utilize resources; however, with individual skills, caregiver support, and contextual resources, it can also be very simple.

ACKNOWLEDGEMENTS

The authors express their sincere gratitude to the Resilience Research Centre for sharing the Child Youth Resilience Measure-Adult Resilience Measure (CYRM-ARM) for using in the current research. The authors also thank all the participants of the study—college-going students from the states of Alabama and Tennessee who spent their valuable time and shared their genuine thoughts and opinions. The authors further acknowledge their appreciation toward all the supporting systems: family, friends, community, and other resources that are playing a crucial role in their lives. We hope the participants maintain and continue at higher levels of resilience in their lives and wish them success in all their future endeavors.

REFERENCES

- [1]. McAndrew, L. M., Markowitz, S., Lu, S. E., Borders, A., Rothman, D., & Quigley, K. S. (2017). Resilience during war: Better unit cohesion and reductions in avoidant coping are associated with better mental health function after combat deployment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(1), 52-61.
- [2]. Manning, L. K. (2014). Enduring as lived experience: Exploring the essence of spiritual resilience for women in late life. *Journal of Religion and Health*, 53(2), 352-362.
- [3]. Mayordomo, T., Viguier, P., Sales, A., Satorres, E., & Melendez, J. C. (2016). Resilience and coping as predictors of well-being in adults. *The Journal of Psychology*, 150(7), 809-821.
- [4]. Joseph, J. (1994). *The resilient child*. New York, NY: Insight Books.
- [5]. Luthar, S. S., Crossman, E. J., & Small, P. J. (2015). Resilience and adversity. In R. Lerner (Ed.), *Handbook of child psychology and developmental science* (7th ed.) (Vol. 3, pp. 247–386). New York, NY: Wiley.
- [6]. Newland, L. A. (2014). Supportive family contexts: Promoting child well-being and resilience. *Early Child Development and Care*, 184, 9-11.

- [7]. Abbema, R. Bielderman, A., Greef, M. D., Hobbelen, H., Krijnen, W., & Schans, C. (2015). Building from a conceptual model of the resilience process during aging, towards the Groningen aging resilience inventory. *Journal of Advanced Nursing*, 71(9), 2208-2219.
- [8]. Lee, J. H., Seo, M., Lee, M., Park, S. Y., Lee, J. H., & Lee, S. M. (2017). Profiles of coping strategies in resilient adolescents. *Psychological Reports*, 120(1), 49-69.
- [9]. Cagney, K. A., Sterrett, D., Benz, J., & Tompson, T. (2016). Social resources and community resilience in the wake of superstorm Sandy. *PLOS One*, 11(8), 1-17.
- [10]. Dekel, R. (2017). My personal and professional trauma resilience truisms. *American Psychological Association*, 23(1), 10-17.
- [11]. Weststrate, N. M., & Gluck, J. (2017). Hard-earned wisdom: Exploratory processing of difficult life experience is positively associated with wisdom. *American Psychological Association*, 53(4), 800-814.
- [12]. Pushnik, J., & Hatfield, C. (2016). Navigating a complex world: Advancing sustainability through resilience education. *The International Journal of Sustainability Education*, 12(4), 13-24.
- [13]. Tugade, M. M., & Fredrickson, B. L. (2011). Resilience individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86(2), 320-333.
- [14]. Corathers, S. D., Kichler, J. C., Fino, N. F., Lang, W., Lawrence, J. M., Raymond, J. K., Yi-Frazier, J. P., Dabelea, D., Liese, A. D., Saydah, S. H., Seid, M., & Dolan, L. M. (2017). High health satisfaction among emerging adults with diabetes: Factors predicting resilience. *Health Psychology*, 36(3), 206-214.
- [15]. Randall, W. L. (2013). The importance of being ironic: Narrative openness and personal resilience in later life. *The Gerontologist*, 53(1), 9-16.
- [16]. Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). "We're still in a struggle": Diné resilience, survival, historical trauma, and healing. *Qualitative Health Research*, 22(8), 1019-1036.
- [17]. Martin, A. S., Distelberg, B., Palmer, B. W., & Jeste, D. V. (2015). Development of a new multidimensional individual and interpersonal resilience measure for older adults. *Journal of Aging & Mental Health*, 19(1), 32-45.
- [18]. Tax-Brackets.org. (2017). *2016 Tennessee income tax brackets*. Retrieved from <https://www.tax-brackets.org/tennesseetaxtable>
- [19]. Haaga, J. (2004). *Educational attainment in Appalachia*. Retrieved from https://www.arc.gov/assets/research_reports/EducationalAttainmentinAppalachia.pdf
- [20]. Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Mixed Methods Research*, 5(2), 126-149.
- [21]. Bene, C., Newsham, A., Davies, M., Ulrichs, M., & Godfrey-Wood, R. (2014). Review article: Resilience, poverty and development. *Journal of International Development*, 26, 598-623.
- [22]. Lester, P., & Flake, E. (2013). How wartime military service affects children and families. *The Future of Children*, 23(2), 121-141.
- [23]. Moreira, H., & Canavarro, M. C. (2015). Individual and gender differences in mindful parenting: The role of attachment and caregiving representations. *Journal of Personality and Individual Differences*, 87, 13-19.
- [24]. Kamenopoulou, K. (2016). Ecological systems theory: A valuable framework for research on inclusive and special educational needs/disabilities. *Journal of Pedagogy*, 88(4), 515-527.
- [25]. Smith, S. R., & Hamon, R. R. (2012). *Exploring family theories* (3rd ed.). New York, NY: Oxford University Press.
- [26]. Beckett, C. (2000). *Family theory as a framework for assessment*. Retrieved from http://jan.ucc.nau.edu/~nur350-c/class/2_family/theory/lesson2-1-3.html
- [27]. Wright, M. O., Masten, A. S., & Narayan, A. J. (2013). *Resilience processes in development: Four waves of research on positive adaptation in the context of adversity*. Retrieved from <https://pdfs.semanticscholar.org/a93c/562d07e31219a7697e7a8038ce18134a90c0.pdf>
- [28]. Cheak-Zamora, N. C., Teti, M., & First, J. (2014). 'Transitions are scary for our kids, and they're scary for us': Family member and youth perspectives on the challenges of transitioning to adulthood with autism. *Journal of Applied Research in Intellectual Disabilities*, 28, 548-560.
- [29]. Madewell, A. N., & Ponce-Garcia, E. (2016). Assessing resilience in emerging adulthood: The resilience scale (RS), Connor-Davidson resilience scale (CD-RISC), and scale of protective factors (SPF). *Personality and Individual Differences*, 97, 249-255.
- [30]. Kwan, M. Y. W., Bedard, C., King-Dowling, S., Wellman, S., & Cairney, J. (2016). MovingU: A prospective cohort study to understand behavioural and environmental contexts influencing physical activity during the transition into emerging adulthood. *BMC Public Health*, 16, 1-8.
- [31]. Glenn, T. B. (2014). A bridge over troubled waters: Spirituality and resilience with emerging adult childhood trauma survivors. *Journal of Spirituality in Mental Health*, 16(1), 37-50.

- [32]. Napolitano, L. (2015). 'I'm not going to leave her high and dry': Young adult support to parents during the transition to adulthood. *The Sociological Quarterly*, 56, 329-354.
- [33]. Beal, S. J., Crockett, L. J., & Peugh, J. (2016). Adolescents' changing future expectations predict the timing of adult role transitions. *Development Psychology*, 52(10), 1606-1618.
- [34]. Trainor, A. A., Morningstar, M., Murray, A., & Kim, H. (2012). Social capital during the postsecondary transition for youth adults with high incidence disabilities. *The Prevention Researcher*, 20(2), 7-10.
- [35]. Youth.gov. (2015). *Risk & protective factors*. Retrieved from <http://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>
- [36]. Vieselmeier, J., Holguin, J., & Mezulis, A. (2017). The role of resilience and gratitude in posttraumatic stress and growth following a campus shooting. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(1), 62-69.
- [37]. Bamishigbin, O. A., Schetter, C. D., Guardino, C. M., Stanton, A., Schafer, P., Shalowitz, M., Lanzi, R. G., Thorp, J., Raju, R., & Community Child Health Network Eunice Kennedy Shriver National Institute of Child and Health Development. (2017). Risk, resilience, and depressive symptoms in low-income African American fathers. *Cultural Diversity and Ethnic Minority Psychology*, 23(1), 70-80.
- [38]. Diab, M., Peltonen, K., Qouta, S. R., Palosaari, E., & Punamaki, R. (2015). Effectiveness of psychosocial intervention enhancing resilience among war-affected children and the moderating role of family factors. *Child Abuse and Neglect*, 40, 24-35.
- [39]. Haatainen, K. M., Tanskanen, A., Kylmä, J., Honkalampi, K., Koivumaa-Honkanen, H., Hintikka, J., Antikainen, R., & Viinamäki, H. (2003). Gender differences in the association of adult hopelessness with adverse childhood experiences. *Social Psychiatry and Psychiatric Epidemiology*, 38(1), 12-17.
- [40]. McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Developmental Psychopathology*, 13(4), 1021-1038.
- [41]. Samplin, E., Ikuta, T., Malhotra, A. K., Szeszko, P. R., & DeRosse, P. (2013). Sex difference in resilience to childhood maltreatment: Effects of trauma history on hippocampal volume, general cognition and subclinical psychosis in healthy adults. *Journal of Psychiatric Research*, 47, 1174-1179.
- [42]. Teicher, M. H., Dumont, N. L., Ito, Y., Vaituzis, C., Giedd, J. N., & Anderson, S. L., (2004). Childhood neglect is associated with reduced corpus callosum area. *Biological Psychiatry*, 56, 80-85.
- [43]. Calaguas, G. M. (2011). Sex differences and the relation of age in adjustment difficulties among college freshmen. *Journal of Advances in Developmental Research*, 2, 221-226.
- [44]. Sagone, E., & De Caroli, M. E. (2014). A correlational study on dispositional resilience, psychological well-being, and coping strategies in university students. *American Journal of Educational Research*, 2(7), 463-471.
- [45]. Kumar, A., & Dixit, V. (2014). Forgiveness, gratitude and resilience among Indian youth. *Indian Journal of Health and Wellbeing*, 5(12), 1414-1419.
- [46]. McLafferty, Mallet, and McCauley (2012). Coping at university: The role of resilience, emotional intelligence, age and gender. *Journal of Quantitative Psychological Research*, 1, 1-16.
- [47]. Cassidy, S. (2015). Resilience building in students: The role of academic self-efficacy. *Frontiers in Psychology*, 6, 1-14.
- [48]. Newsome, J., Vaske, J. C., Gehring, K. S., & Boisvert, D. L. (2016). Sex differences in sources of resilience and vulnerability to risk delinquency. *Journal of Youth Adolescence*, 45, 730-745.
- [49]. Hartman, J. L., Turner, M. G., Daigle, L. E., Exum, M. L., & Cullen, F. T. (2009). Exploring the gender differences in protective factors. *International Journal of Offender Therapy and Comparative Criminology*, 53(3), 249-277.
- [50]. Johnson, J. L., & Beamer, K. (2013). Chapter 8. An indigenous narrative of resilience: Malama ko aloha. *Substance Use and Misuse*, 48, 1369-1376.
- [51]. Yee-Melichar, D., Boyle, A. R., Wanek, L. J., & Pawlowsky, S. B. (2014). Geriatric rehabilitation of resilience from a cultural perspective. *Geriatric Nursing*, 35, 451-454.
- [52]. Walker, J. J., & Longmire-Avital, B. (2013). The impact of religious faith and internalized homonegativity on resiliency for black, lesbian, gay, and bisexual emerging adults. *Journal of Developmental Psychology*, 49(9), 1723-1731.
- [53]. Dyslin, C., & Thomsen, C. (2005). Religiosity and risk of perpetuating child physical abuse: An empirical investigation. *Journal of Psychology and Theology*, 33(4), 291-298.
- [54]. McCullough, M., & Willoughby, B. (2009). Religion, self-regulation, and self-control: Associations, explanations, and implications. *Psychological Bulletin: American Psychological Association*, 135(1), 69-93.
- [55]. Murphy, P., Ciarrocchi, J., Piedmont, R., Cheston, S., Peyrot, M., & Fitchett, G. (2000). The relation of religious belief and practices, depression, and hopelessness in persons with clinical depression. *Journal of Consulting and Clinical Psychology*, 68(6), 1102-1106.

- [56]. Smith, S. (2004). Exploring the interaction of trauma and spirituality. *Journal of Traumatology*, 10(4), 231-243.
- [57]. Ano, G., & Vasconcelles, E. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461-480.
- [58]. Mattingly, B. A., Oswald, D. L., & Clark, E. M. (2011). An examination of relational independent self-construal, communal strength, and pro-relationship behaviors in friendships. *Personality & Individual Differences*, 50(8), 1243-1248.
- [59]. Juang, L., Ittel, A., Hoferichter, F., & Gallarin, M. M. (2016). Perceived racial/ethnic discrimination and adjustment among ethnically diverse college students: Family and peer support as protective factors. *Journal of College Student Development*, 57(4), 380-394.
- [60]. Rahat, E., & Illhan, T. (2016). Coping styles, social support, relational self-construal, and resilience in predicting students' adjustment to university life. *Educational Sciences: Theory and Practice*, 16(1), 187-208.
- [61]. Chao, R. C. L. (2012). Managing perceived stress among college students: The roles of social support and dysfunctional coping. *Journal of College Counseling*, 15(1), 5-21.
- [62]. Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university students. *Journal of American College Health*, 60(5), 415-419.
- [63]. Buehler, C., & Gerard, J. (2013). Cumulative family risk predicts increases in adjustment difficulties across early adolescence. *Journal of Youth and Adolescence*, 42(6), 905-920.
- [64]. Beightol, J., Jeverson, J., Carter, S., Gray, S., & Gass, M. (2012). Adventure education and resilience enhancement. *Journal of Experiential Education*, 35(2), 307-325.
- [65]. Gunnestad, A., & Thwala, S. (2015). Resilience and religion in children and youth in Southern Africa. *International Journal of Children's Spirituality*, 16(2), 169-185.
- [66]. Consoli, M. L. M., Delucio, K., Noriega, E., & Llamas, J. (2015). Predictors of resilience and thriving among Latina/o undergraduate students. *Hispanic Journal of Behavioral Sciences*, 37(3), 304-318.

Sadguna Anasuri "Resilience Levels Among College Students: A Comparative Study from Two Southern States in the USA." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, vol. 23, no. 1, 2018, pp. 52-73.